

CLAIMS ONLY

Application Number 101758188	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2							
3		/					
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49							
50							
Total Indep	1						
Total Depend	9						
Total Claims	10						